

STATE OF NEW JERSEY
DEPARTMENT OF AGRICULTURE
DIVISION OF MARKETING AND DEVELOPMENT
P. O. BOX 330, TRENTON, NJ 08625 - 0330
www.nj.gov/agriculture
609 777-0098

STATE USE ONLY

Approval Date _____

Reimbursement Data:

Date: _____

Amount:: _____

Program: ☐ AMS
☐ NATIONAL

APPLICATION FOR ORGANIC CERTIFICATION COST REIMBURSEMENT

NATIONAL/AMS COST-SHARE PROGRAM

PLEASE PRINT OR TYPE

Certification Type: **Producer** ☐ **Handler** ☐

APPLICANT INFORMATION

Name of Farm
(if applicable) _____

Name of Applicant* _____

Address
Number & Street _____ City _____ State _____ Zip Code _____

Mailing Address
(If different) Number & Street _____ City _____ State _____ Zip Code _____

Phone Number () _____ Fax Number () _____

E-mail Address _____ Contact Name _____

CERTIFYING AGENT INFORMATION

Certifying Agency _____
(Company Name)

Address
Number & Street _____ City _____ State _____ Zip Code _____

Phone Number () _____ Fax Number () _____

Applicant's Signature

Date

IMPORTANT

THE FOLLOWING DOCUMENTATION MUST BE INCLUDED WITH THIS APPLICATION:
CERTIFICATION COST RECEIPT OF PAYMENT
PHOTOCOPY OF ORGANIC CERTIFICATE
PROOF OF CONTINUATION OF CERTIFICATION (if applicable)
COMPLETED W-9/QUESTIONNAIRE

*** Checks will be made payable to the Name and address submitted on the W-9 Form**

**APPLICATION FILING DEADLINE HAS BEEN EXTENDED TO
FRIDAY, DECEMBER 10, 2004.**

DISBTRIBUTION:

Original: To NJDA, Div of Marketing & Development, ATTN: Anne Marie Ference, PO Box 330, Trenton NJ 08625

Copy: For applicant's file